

Name
in
Full

Charles F. Bierly

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	— — —
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Charles Bierly	Father's Birthplace	Md.
Mother's Maiden Name	Emeline Parker	Mother's Birthplace	Md.
Name of person giving information	James T. Bierly	How related to deceased	Brother
CAUSES OF DEATH			
Primary	Sub acute Gastritis		How long
Immediate	Asthma		How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

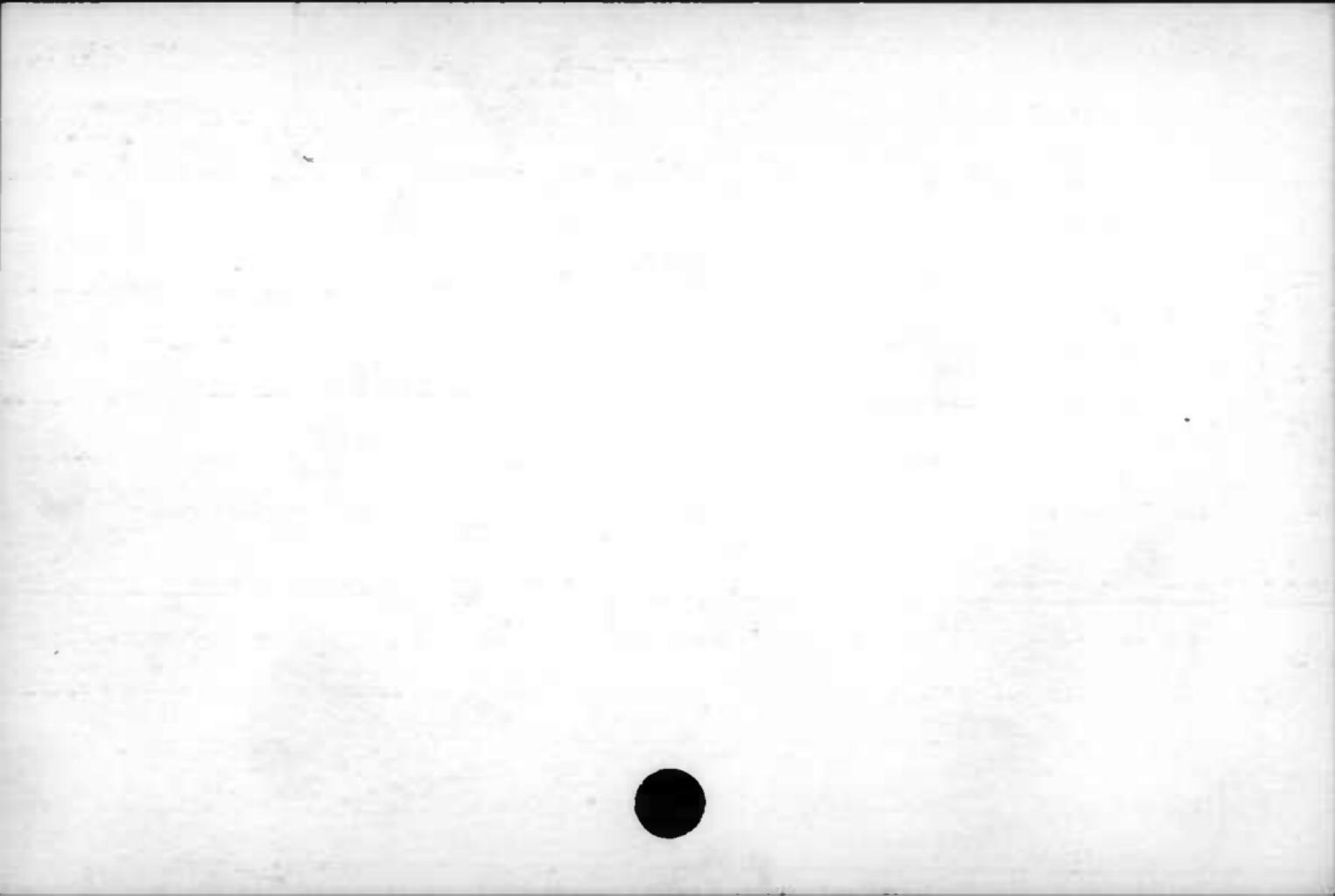
Yes.

Signature of Physician

Address

Mr. M. Bloughard
Montgomery
County, Md

Accident or Suicide?



Name
in
Full

Wm Brown Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
5 Oct	6	26	Age		6
Sex	Male	Color or Race	Colonel	Birth- place	Ellicott City, Md.
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name	Wm Brown			Father's Birthplace	Md.
Mother's Maiden Name	Mary Present			Mother's Birthplace	Md.
Name of person giving Information	Thomas Present			How related to deceased	Grandson

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(No)	How long
Immediate	asthma	How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name

In
Full

TO BE ANSWERED BY

NEAREST FRIEND

Louisa Bruno

CERTIFICATE OF DEATH

near Town
Died at Ellicott CityCounty
Howard

MARYLAND

Date
of death 1905Month
Oct.Day
5Years
67Months
—Days
—Age
67

Sex Female

Color or
Race

White

Birth-
place

France

Occupation
—Where Residing if not
at place of death
—Married, Single
or Widowed
WidowName of Wife or
Husband
Felix BrunoFather's
Name
—Father's
Birthplace
—Mother's
Maiden Name
—Mother's
Birthplace
—Name of person giving
Information
Joseph GermanHow related
to deceased
Son-in-law

CAUSES OF DEATH

Primary

Bright's Disease

(20)

How long

4 months

Immediate

Heart Complaint

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

Hippolyte
Gervais GelyPHYSICIAN
OR CORONER

Accident or Suicide?

MS



Name
in
Full

William Elifton Colson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town
Died at
near Alberton

County

Howard

MARYLAND

Date
of death 1905 Oct 15

Day

Years

Age

Months

Days

Sex
Male

Color or
Race

White

Birth-
place

Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

George H. Colson

Father's
Birthplace

Md.

Mother's
Maiden Name

Annie E. Hudson

Mother's
Birthplace

South Carolina

Name of person giving
Information

George H. Colson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Acute Degranulatue Diphtheria

How long

8 weeks

Immediate

Intestinal Inflammation

How long

12 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

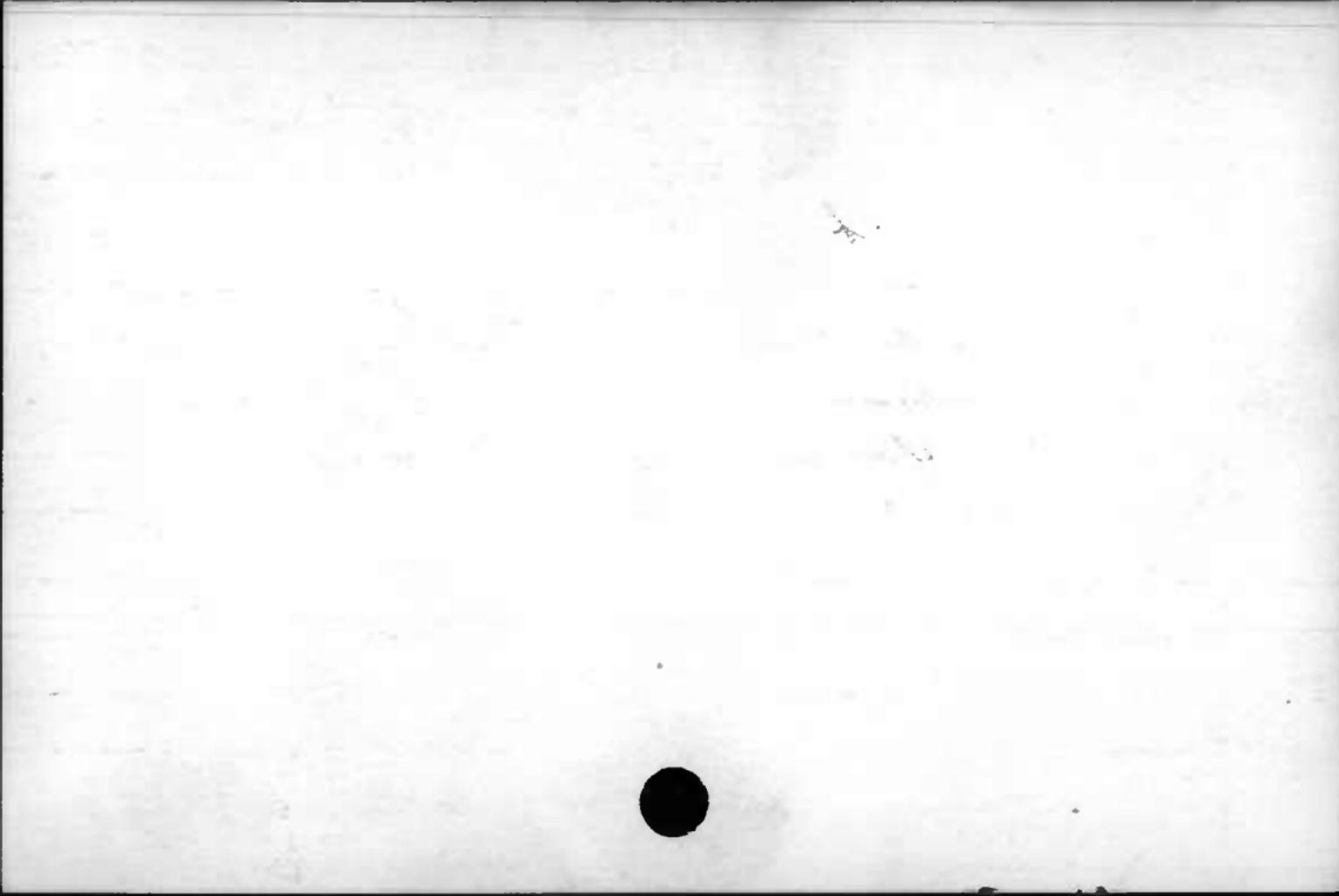
Signature of
Physician

William E. Hodges

Address

Bethesda City - Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Rebecca Danzey

Town Ellicott City Howard

MARYLAND

Died at	Month	Day	Years	Months	Days
Date of death 190	Oto	8	Age 76		
Sex Female	Color or Race	Colored			
Married, Single or Widowed	Occupation	Married House Keeper			
Name of Wife or Husband	William Danzey				
Father's Name	dont know				
Mother's Maiden Name					
Name of person giving information	Lever Frances Lewis				

✓ Father's Birthplace _____
✓ Mother's Birthplace _____
How related to deceased Son in Law

CAUSES OF DEATH

Primary	Influenza and heart disease	How long one year 6 months
Immediate	Heart failure	How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

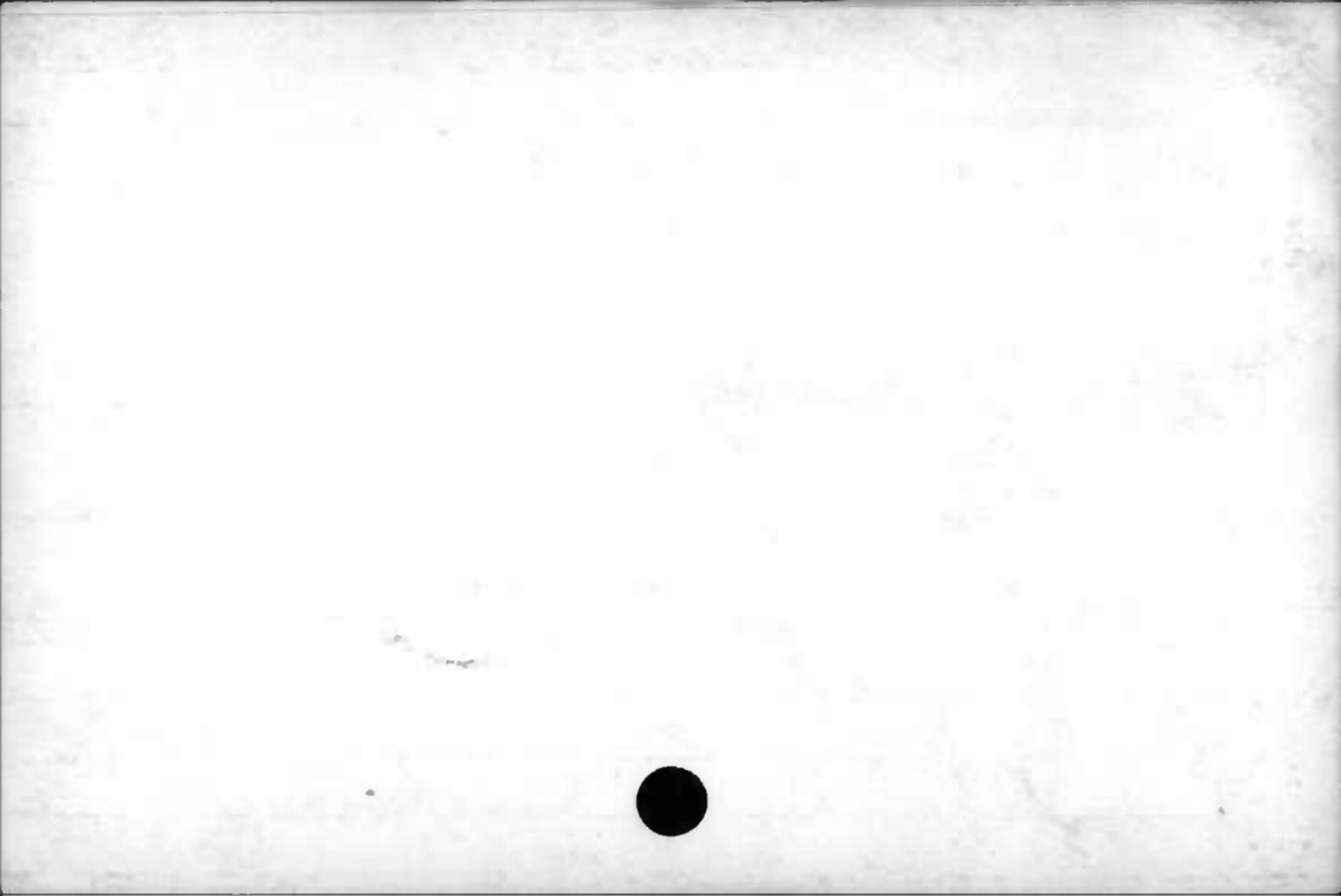
Yes

Signature of Physician

Address

B. J. Byrne
Ellicott City Md

Accident or Suicide?



Name
in
Full

Susan Davis

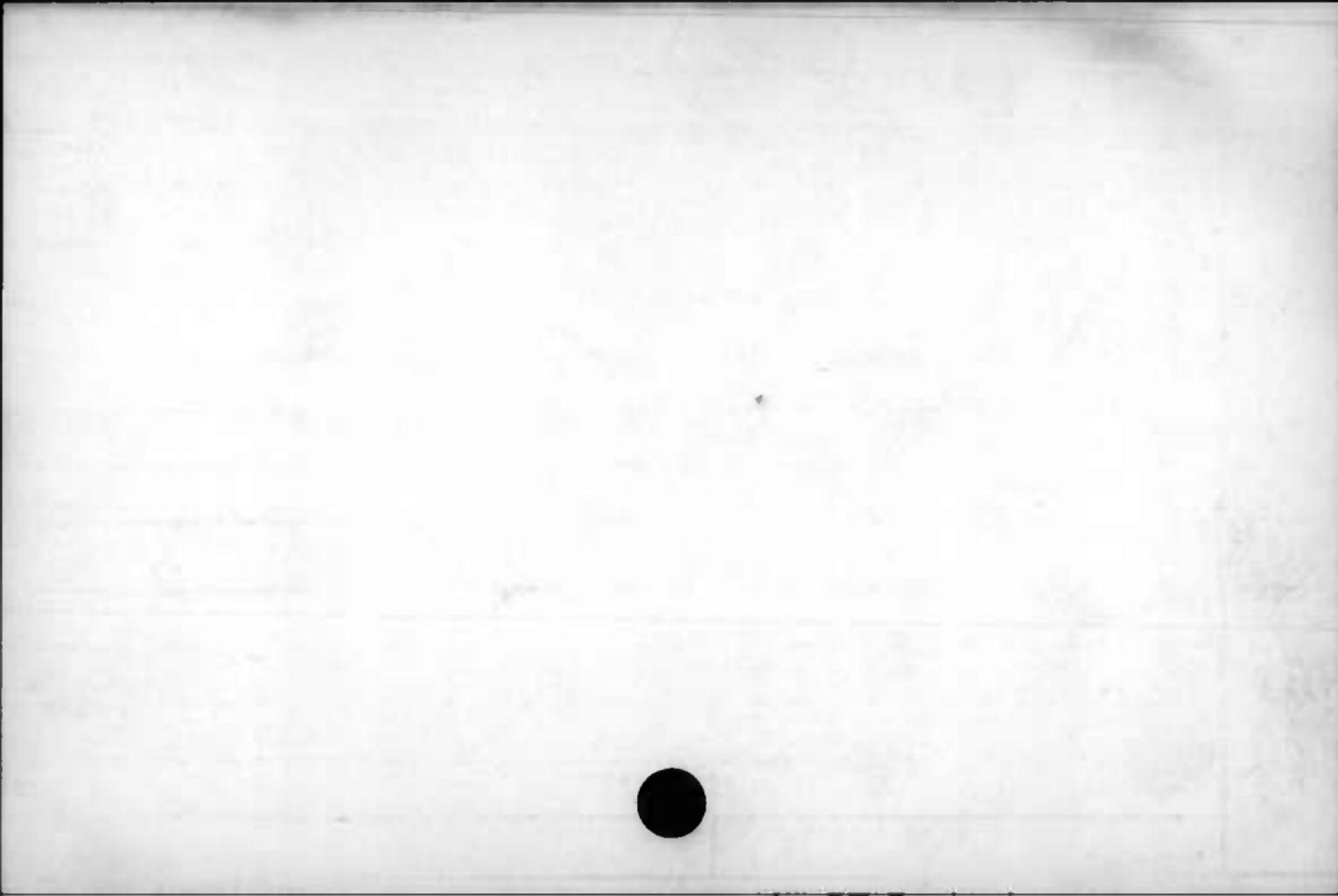
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Simpsonville	Howard			
Date of death	Month	Day	Years	Months	Days
1905	Ach	18	11		
Sex	Color or Race	Occupation	Birth-place		
Female	Negro		Md.		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	John Davis		Father's Birthplace		
Mother's Maiden Name	Anna Smith		Mother's Birthplace		
Name of person giving information	Bev Trilly		How related to deceased		

CAUSES OF DEATH

Primary	Tuberculosis		How long	6 months
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?	Jes	Signature of Physician	Chas R. Gilson Jr.	
		Address	Simpsonville Md.	
Accident or Suicide?				



Nelly Hovey -

Town

Cockeville

County

Howard

MARYLAND

Died at

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

-Male-

White

Age 19
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living —

Husband of

Wife

Father's

Name

Cause of

Primary

Tuberculosis

Mother's
Maiden Name

How long sick

6 months

Death

Immediate

Failing of Vital Forces

Accident, Suicide, Homicide

Reported by

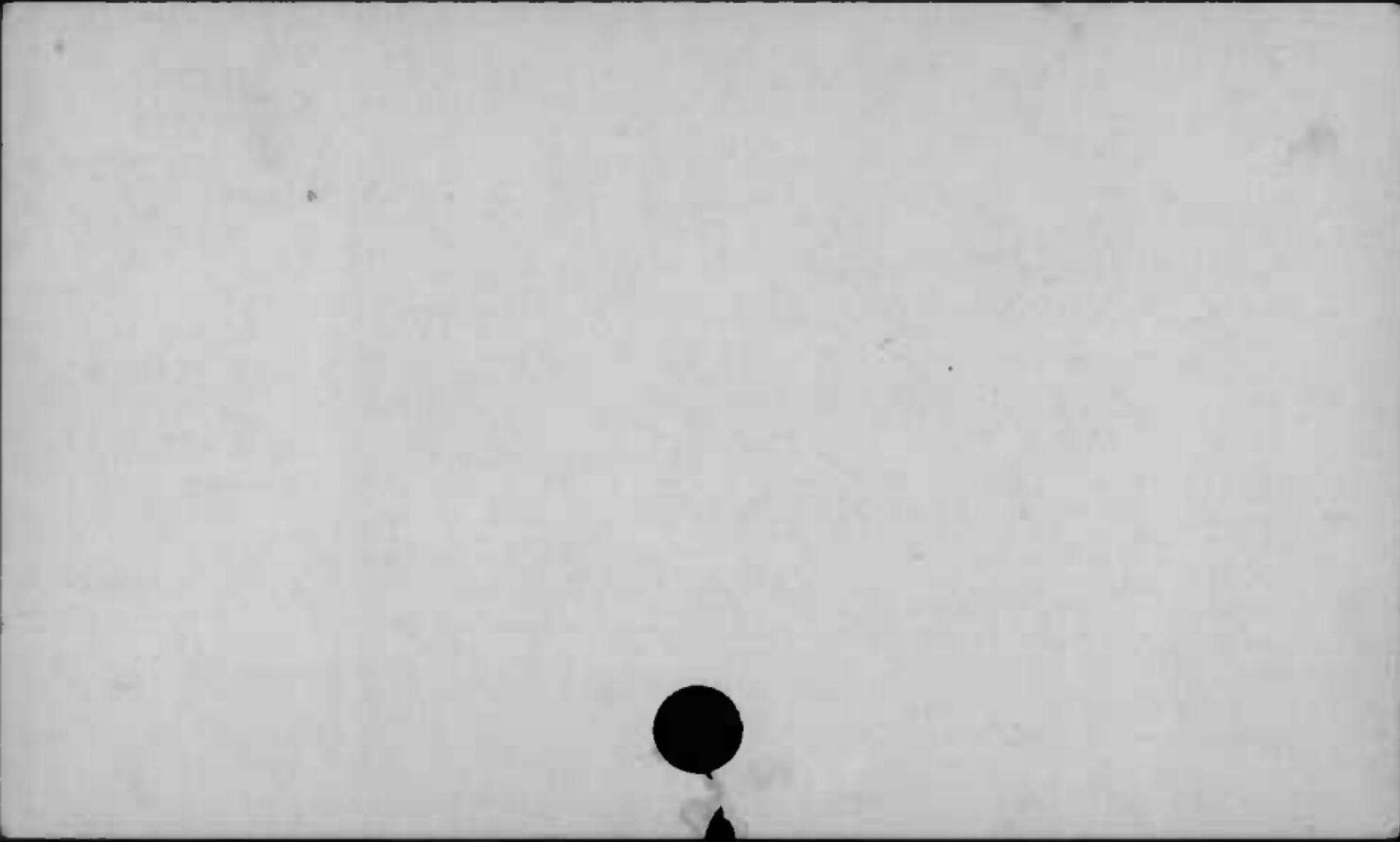
Dr. J. W. Bain

Address

Oxon Hill

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Gordon				CERTIFICATE OF DEATH		
Died at	Dayton	Town	Howard	County	MARYLAND	
Date of death 1905	Oct	Month	14	Day	Years	Months
Sex	Female	Color or Race	White	Age	—	Days
Married, Single or Widowed	Single	Occupation				
Name of Wife or Husband						
Father's Name	Albert Gordon			Father's Birthplace	Md	
Mother's Maiden Name	Elly Thompson			Mother's Birthplace	Md	
Name of person giving Information	J. A. Nichols			How related to deceased	Physician	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Birth S.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

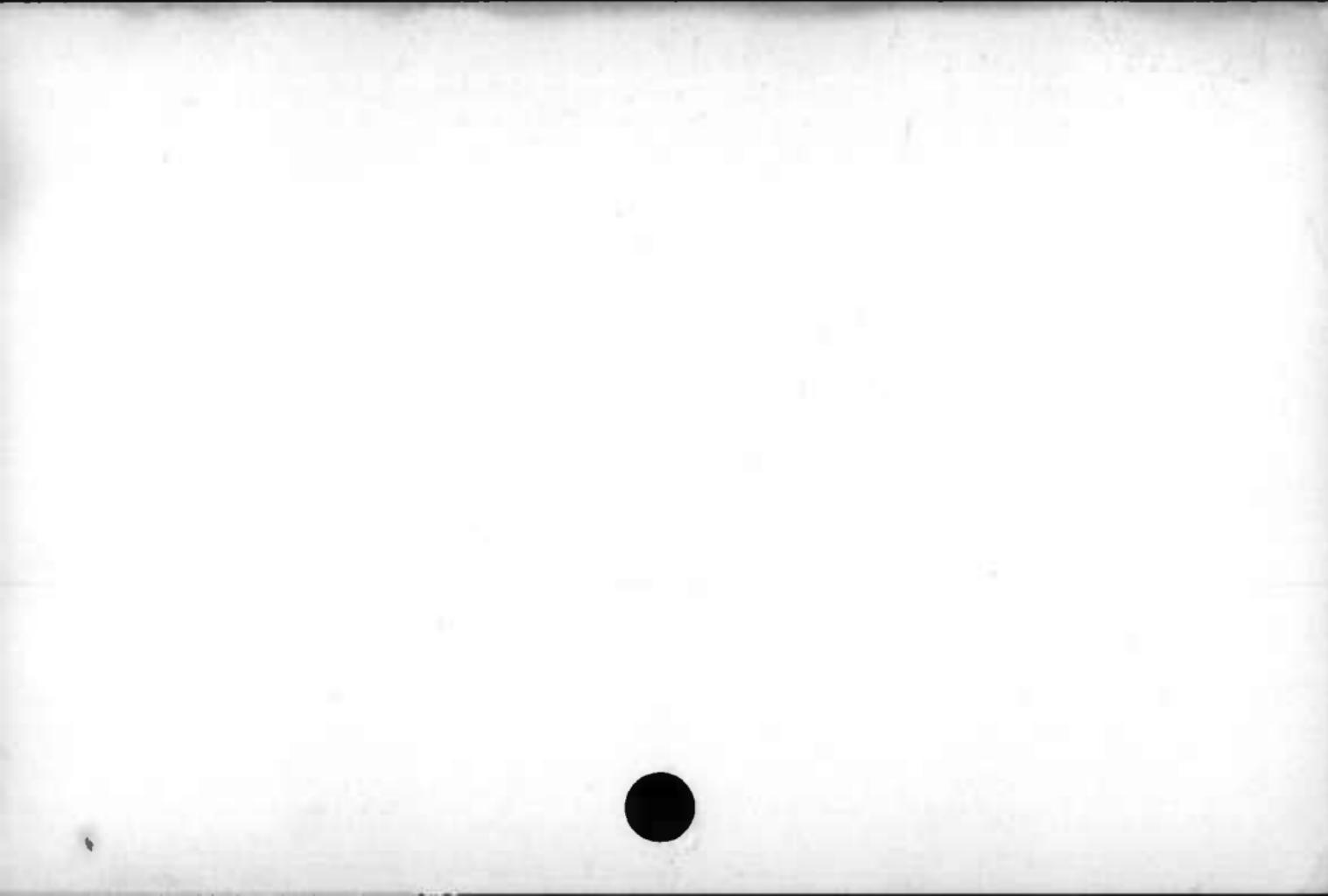
Yes

Signature of Physician

Address

J. A. Nichols
Dayton Md

Accident or Suicide?



Name
in
Full

Wm Z. Harrison

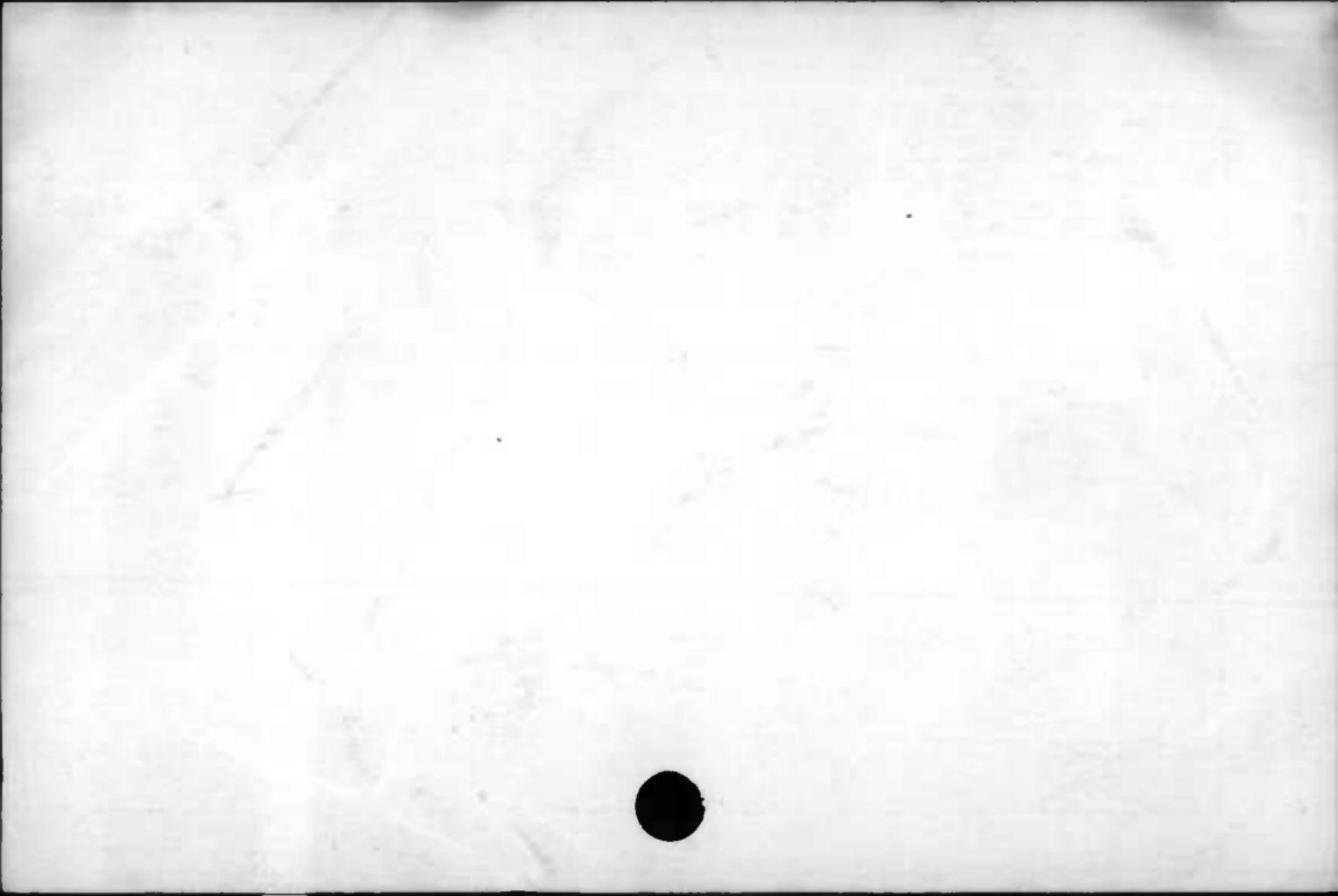
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Shim Harrison			Father's Birthplace
Mother's Maiden Name	—			Mother's Birthplace
Name of person giving information	J. P. Hasleup			How related to deceased

CAUSES OF DEATH

Primary	Paralysis	6	How long	I week
Immediate	Exhaustion		How long	progressive
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
Accident or Suicide?		Wm	W. Whittemore M.D.	
		Wm	Savage MD	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Jackson Ch. M.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death 190	Month	Day	Years	Months Days
5	OCT	28	Age dead-born	
Sex	Color or Race	Occupation	Birth-place	
Male	colored		Doughoregan	
Married Single or Widowed				
Name of Wife or Husband				
Father's Name	Thomas Jackson	9	Father's Birthplace	Maryland
Mother's Maiden Name	Martha Giles		Mother's Birthplace	Maryland
Name of person giving information	Martha Jackson		How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

dead boy
was called to see mother next day

How long

Immediate

I was not present at birth of child

How long

Are the name, age, sex, color, date and place correctly given above?

yes

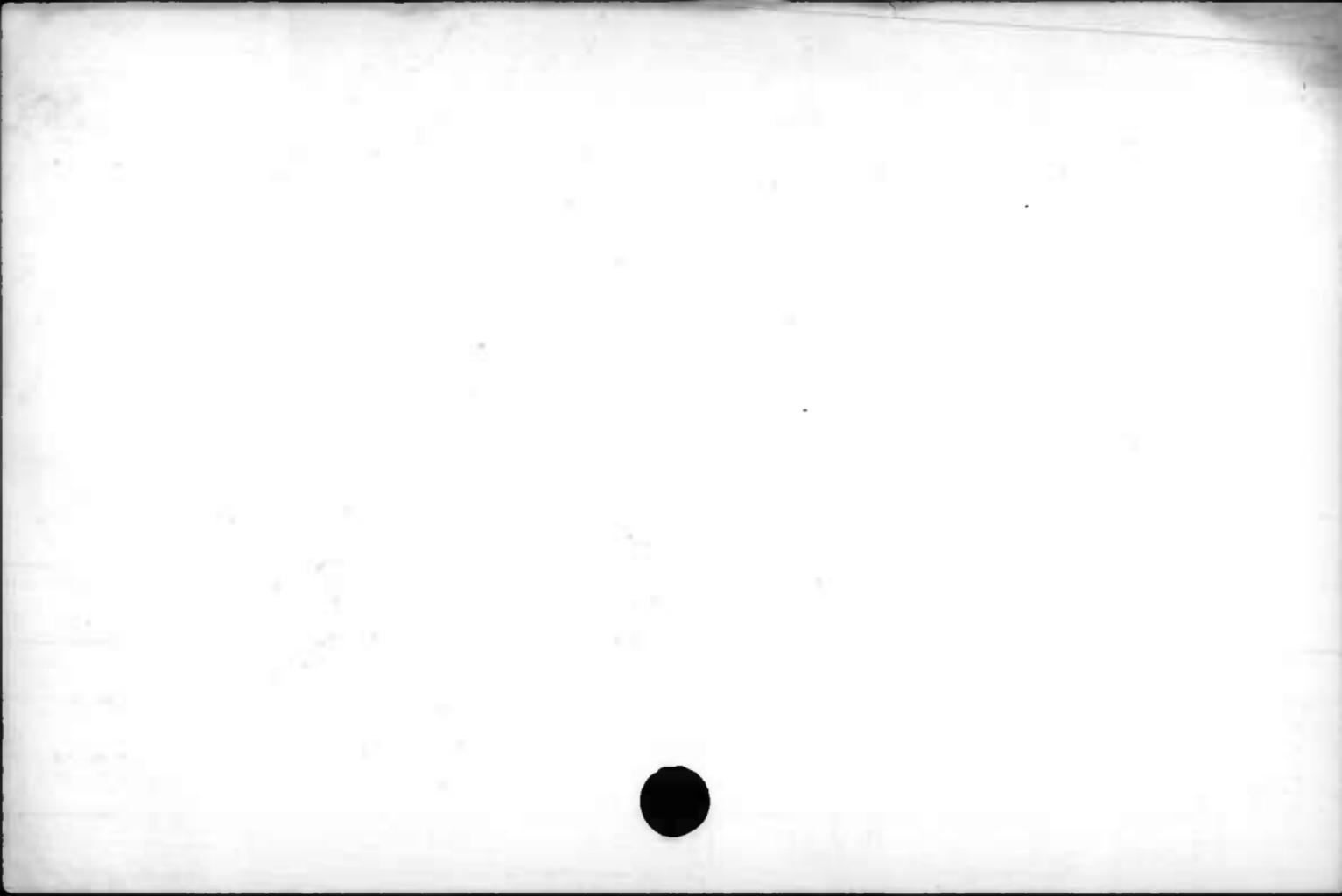
Signature of Physician

Address

Benj. J. Shapley
alpha

Howard Co Md

Accident Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

David Lewis Johnson

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Mar Savage

Howard

Date
of death

Month

Day

Years

Months

Days

1905

10

30

23

10

28

Sex

male

Color or
Race

Negro

Birth-
place

Md.

Occupation

Laborer

Where Residing if not
at place of death

at home

Married, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Leah Johnson

Father's
Birthplace

A. Co.

Mother's
Maiden Name

Harriet Hopkins

Mother's
Birthplace

Md.

Name of person giving
Information

Harriet Johnson

How related
to deceased

mother

CAUSES OF DEATH

Primary

Typhoid Fever

How long

6 weeks

Immediate

Exhaustion + Convulsion

How long

Prognosis

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

F.W. Lindemann M.D.

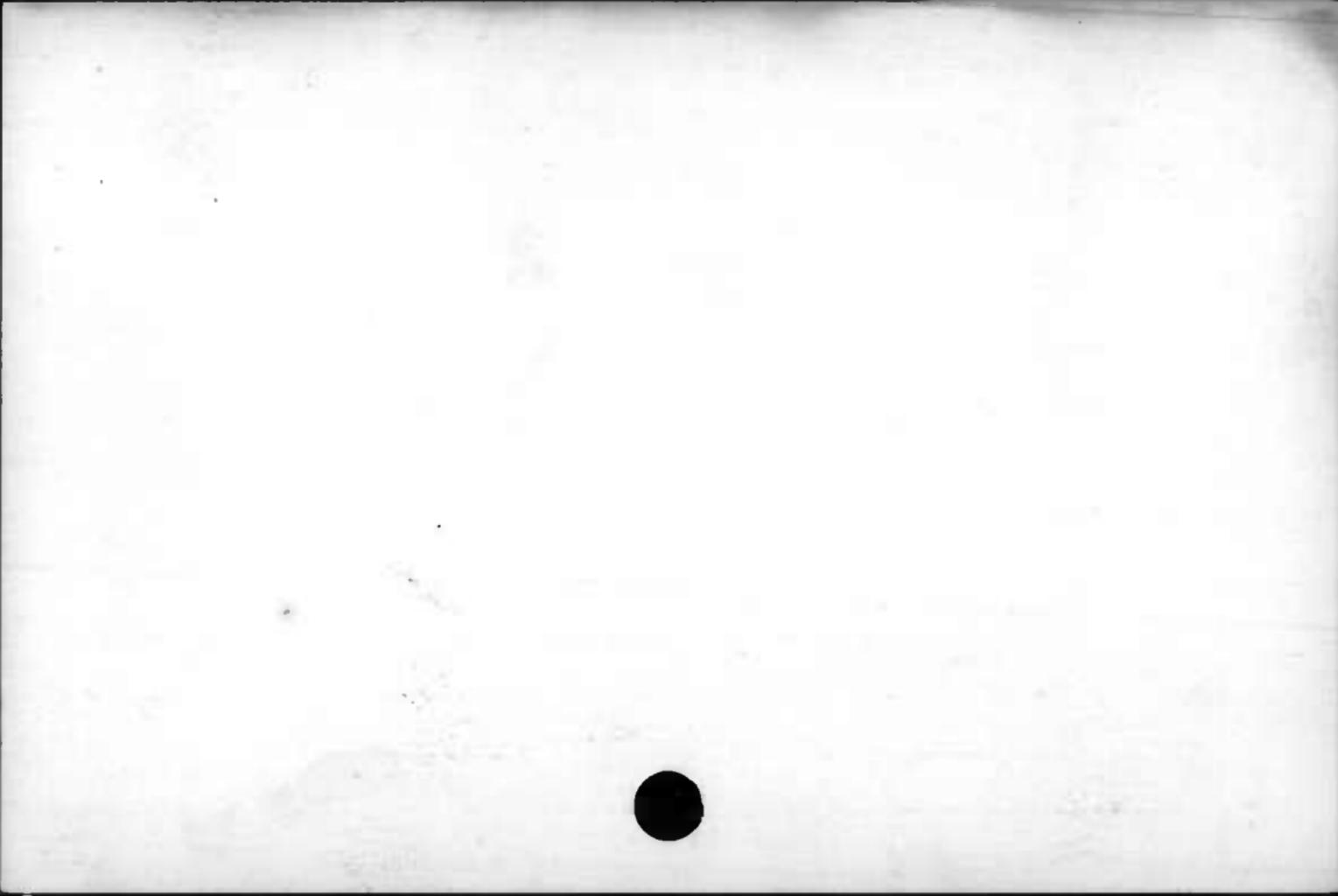
Address

Mar Savage

Accident or Suicide?

Within

Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John Johnson

Died at <u>Elliott City</u>				County <u>Howard</u>	CERTIFICATE OF DEATH	
Date of death <u>1905</u>	Month <u>Oct</u>	Day <u>7</u>	Age <u>—</u>	Years <u>—</u>	Months <u>6</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Occupation <u>—</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>—</u>						
Name of Wife or Husband <u>—</u>						
Father's Name <u>John Johnson</u>					Father's Birthplace <u>Maryland</u>	
Mother's Maiden Name <u>Ida May Clifford</u>					Mother's Birthplace <u>Maryland</u>	
Name of person giving information <u>John Johnson</u>					How related to deceased <u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heavy cold

(AOV)

How long

3 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

No. Doctor

Hilton Easton

Undertaker Elliott City

Accident or Suicide?



Name
in
Full

John F. Kennedy

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	TOWN	County	MARYLAND		
Date of death 1906	Month October	Day 15	Age 43	Years	Months
Sex Male	Color or Race White	Occupation Rail Roader	Birth- place Maryland	Days	
Married, Single or Widowed Widow	Married				
Name of Wife Widow	Eleanor Kennedy				
Father's Name	Michael Kennedy		Father's Birthplace		
Mother's Maiden Name	Sophie Kennedy		Mother's Birthplace		
Name of person giving Information	Mary Chamberlain		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Inhalation
asthma

(2)

How long

Immediate

asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

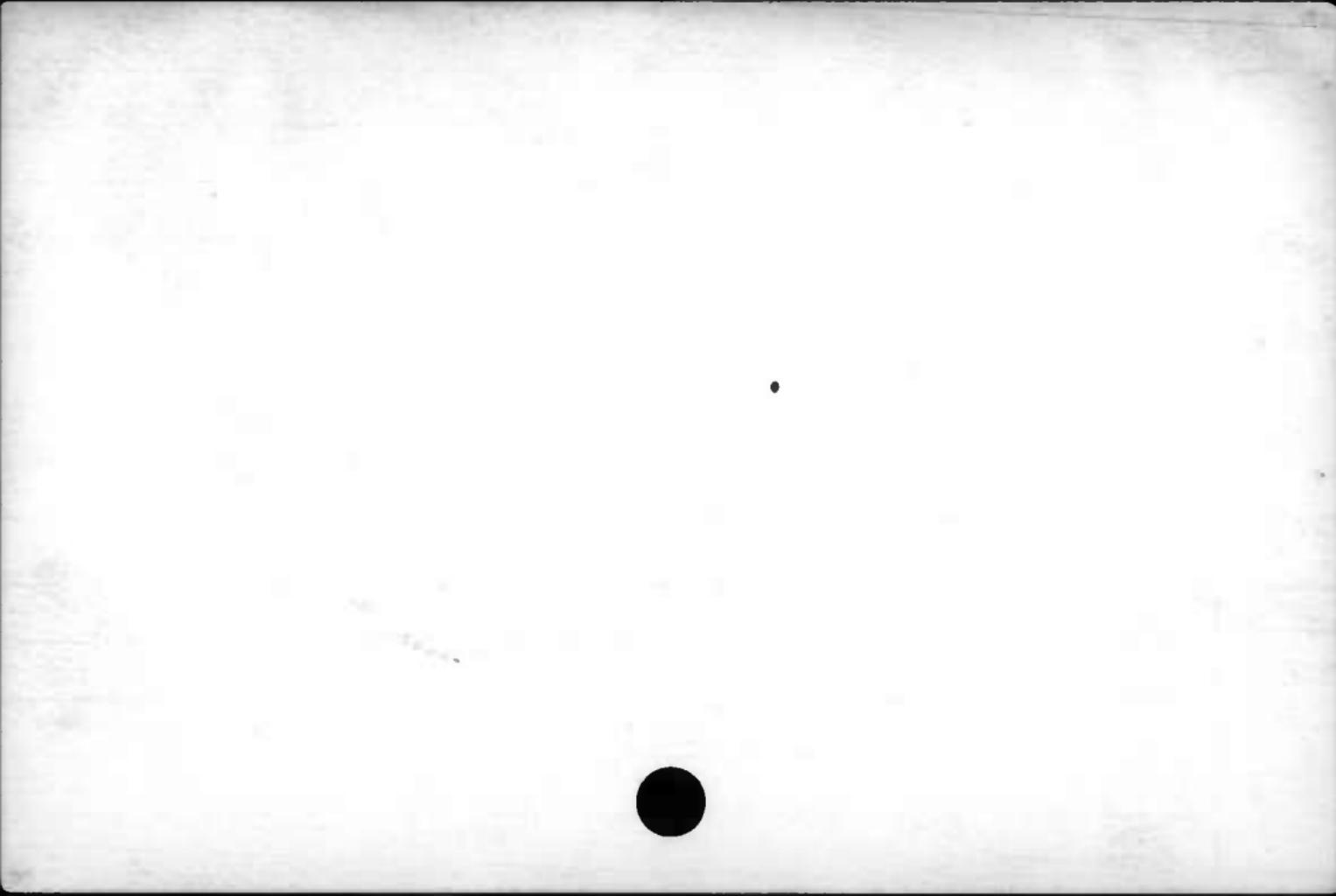
Yes

Signature of
Physician

Address

WORKS AND
LIVING IN

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

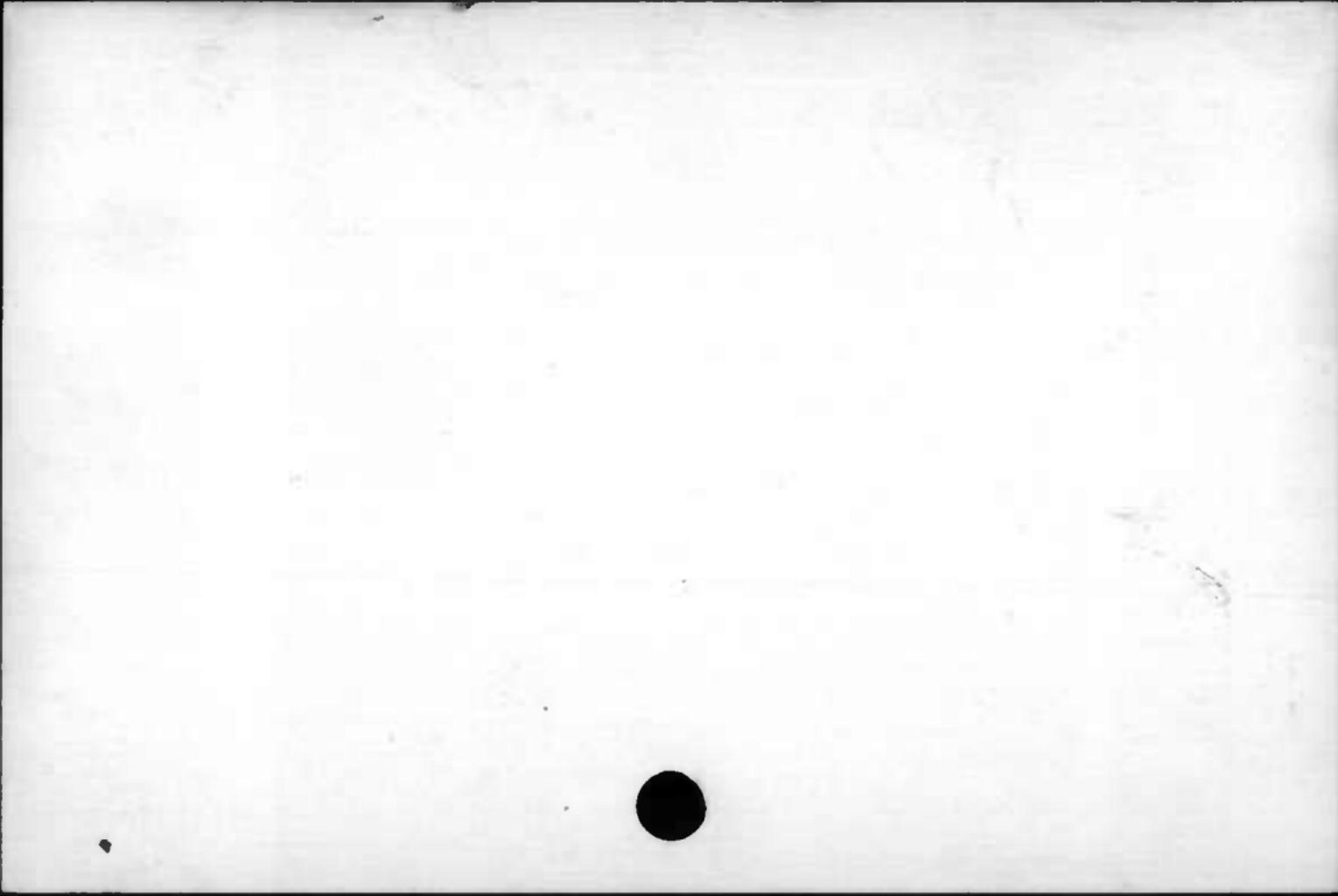
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1904		Month 10	Day 24	Years	Months	Days
Sex	male	Color or Race	white	Birth-place	Md.	
Occupation	Infant	Where Residing if not at place of death			Jessup	
Married, Single or Widowed	sing	Name of Wife or Husband	—			
Father's Name	Sigmund Levy	Father's Birthplace	Austria			
Mother's Maiden Name	Sonnia Semple	Mother's Birthplace	N. Y.			
Name of person giving information	Sonnia Levy	How related to deceased	Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Delayed Birth - asphyxia	152	How long	—
Immediate			How long	one hour
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W. H. Livingston M.D.
			Address	Jessup
Accident or Suicide?		hit her		not



Name
In
Full

Laura V. Lucas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Near Elliott City	Howard			
Date of death	Month	Day	Years	Months	Days
1905	Oct.	16	Age	6	2
Sax	Female	Color or Race	White	Birth-place	Baltimore, Md.
Married, Single or Widowed			Occupation	—	
Name of Wife or Husband	—				
Father's Name	Frank S. Lucas		Father's Birthplace	Md.	
Mother's Maiden Name	Annie Justice		Mothar's Birthplace	Md.	
Name of person giving information	Frank S. Lucas		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Moscosus

(19)

How long

3 mos.

Immediate

Asthma

How long

—

Are the name, age, sex, color, date and place correctly given above?

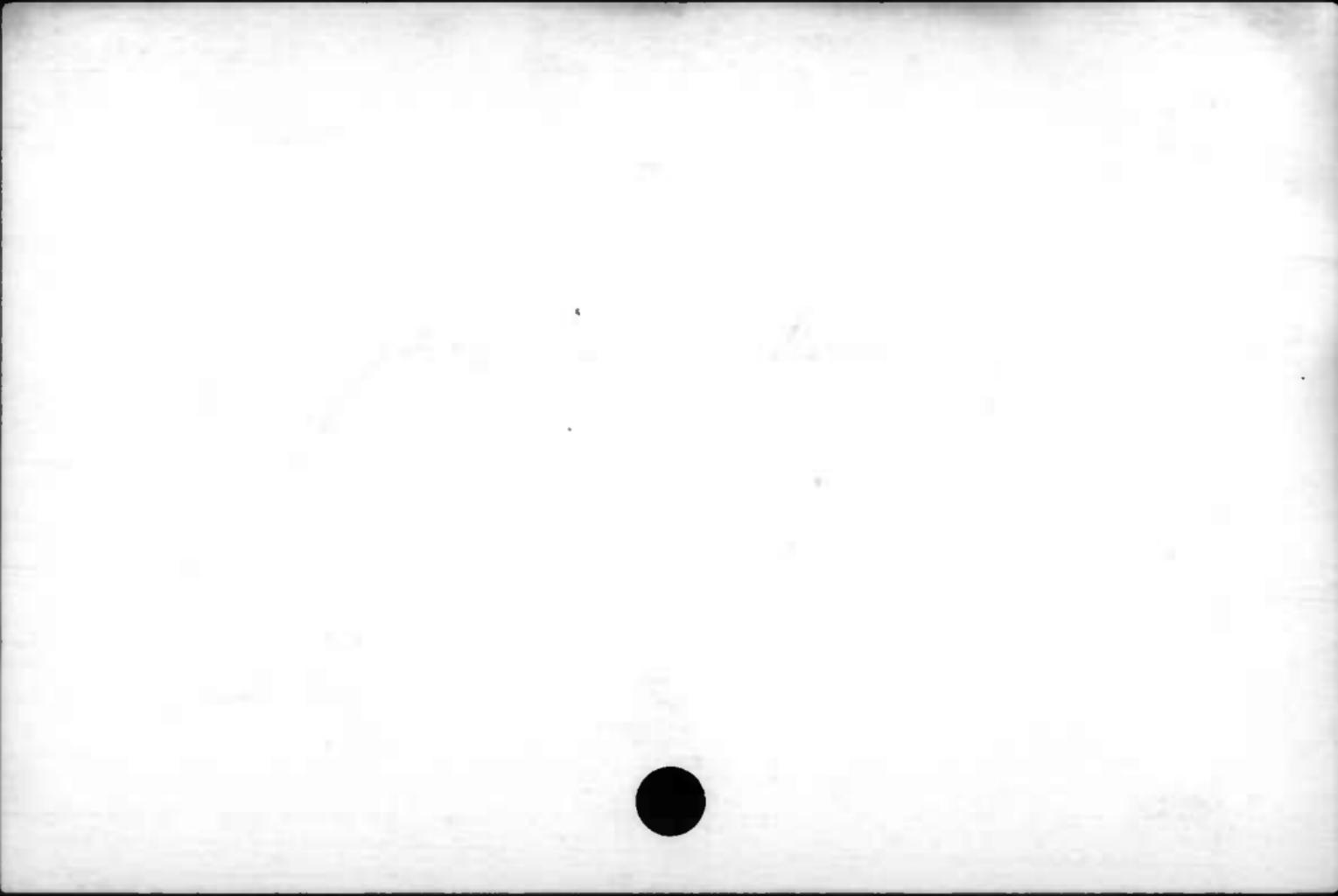
Yes

Signature of Physician

Address

H. Duvings,
Elliott City,
Md

Accident or Suicide?



Name
in
Full

Lillian Miller

CERTIFICATE OF DEATH

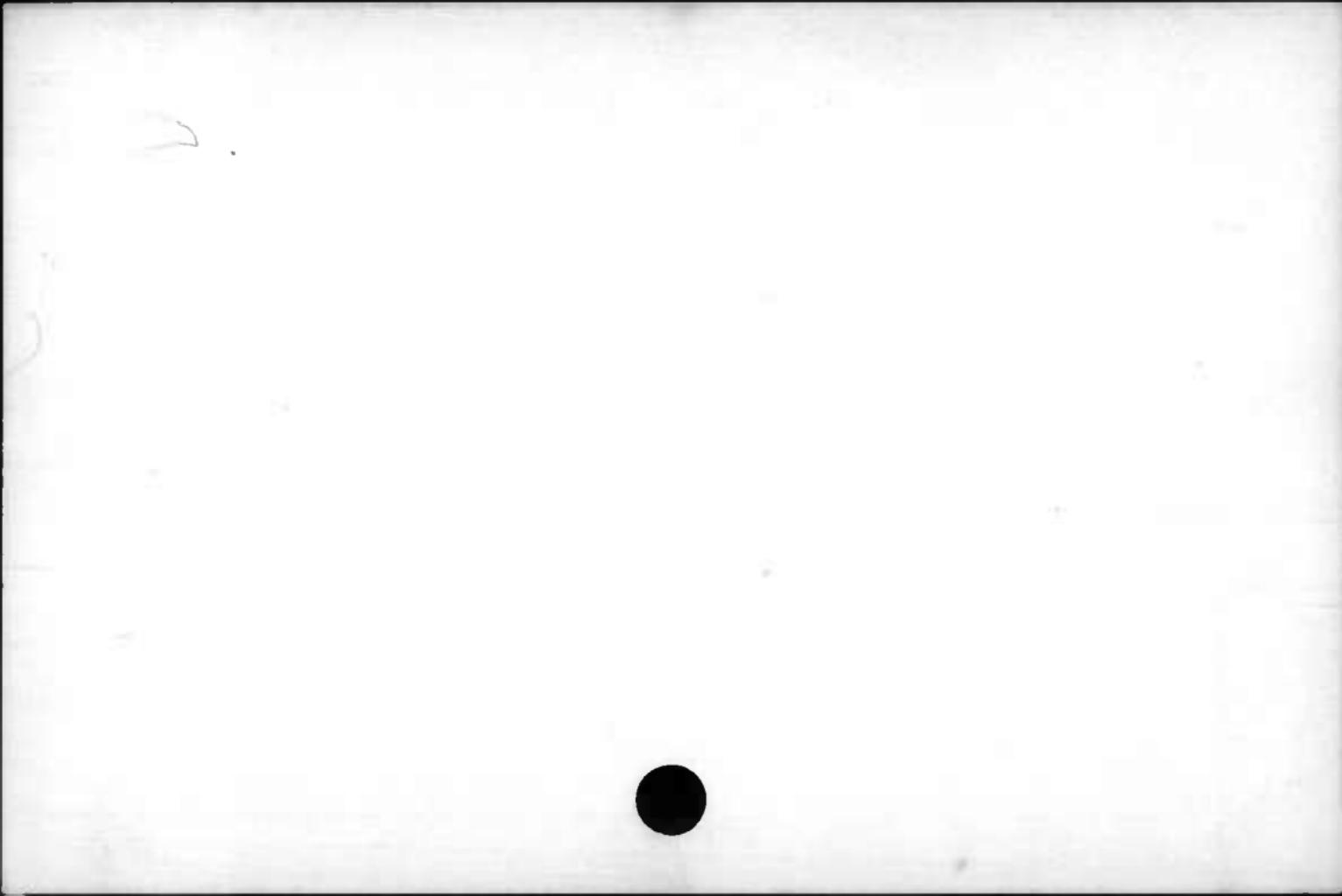
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1905.	Month Oct	Day 24	Years 2	Months —	Days —
Sex Female	Color or Race White	Birth-place Maryland			
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	James W. Miller		Father's Birthplace	Maryland	
Mother's Maiden Name	Bessie Barney		Mother's Birthplace		
Name of person giving information	James W. Miller		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Meningitis,	How long	5 days.
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. G. Dunning,
		Address	Ellicott City - Md.
Accident or Suicide?			



Monroe Page

Town

County

MARYLAND

Died at Hanover

Howard

Month Day

Y. M. D.

Native of

Date 1905-

10 1st

7

Md

Occupation

X

Male

White

Widow

~~Female~~

Colored

Widower

Divorced

Single

Number of children living

Husband of

X

X

X

Wife

Father's Name

Wm Page

Mother's Maiden Name

Mary Page

Cause of Death

Primary

Severe cold

How long sick

Death

Immediate

Pneumonia

3 weeks

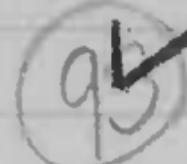
Reported by

H. Garrison M.D.

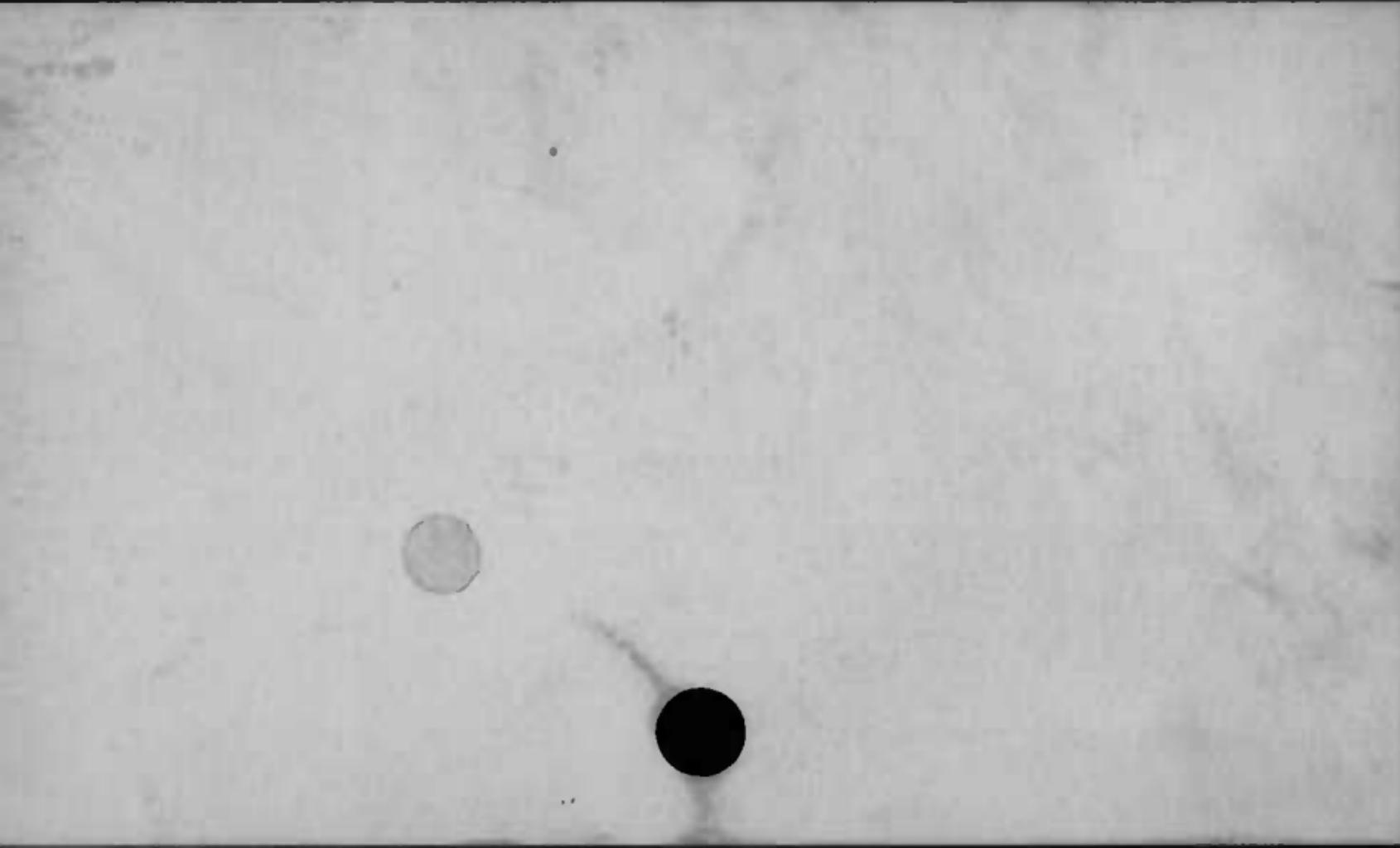
Accident, Suicide, Homicide

Address

Elk Ridge Md.



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <i>Fulton</i>		Town	County <i>Howard</i>		MARYLAND		
Date of death 1905	Month 10	Day 18	Years —	Months 10	Days —		
Sex <i>Female</i>	Color or Race <i>colored</i>			Birth-place <i>Md.</i>			
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>Samuel Johnson</i>		Father's Birthplace					
Mother's Maiden Name <i>Rachel Palmer</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Olive Harrison</i>		How related to deceased <i>now</i>					

CAUSES OF DEATH

Primary <i>Crouping Cough</i>	(S)	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address <i>M.H. L. Bixell Baltimore</i>
Accident or Suicide?		

PHYSICIAN
OR CORONER



Name
in
Full

Francis George Pallison
Lia home in Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

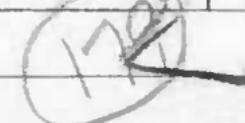
Died at	Town	County	MARYLAND		
Date of death 1905	Month 10	Day 16	Years	Months 6	Days 12
Sex man	Color or Race white	Birth-place Md			
Occupation Infant	Where Residing if not at place of death at home				
Married, Single or Widowed single	Name of Wife or Husband				
Father's Name Thomas F. Pallison	Father's Birthplace Md				
Mother's Maiden Name Clara V. Leole	Mother's Birthplace Md				
Name of person giving information T. F. Pallison	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus



How long

2 months

Immediate

Exhaustion

How long

progressive

Are the name, age, sex, color, date and place correctly given above?

yes

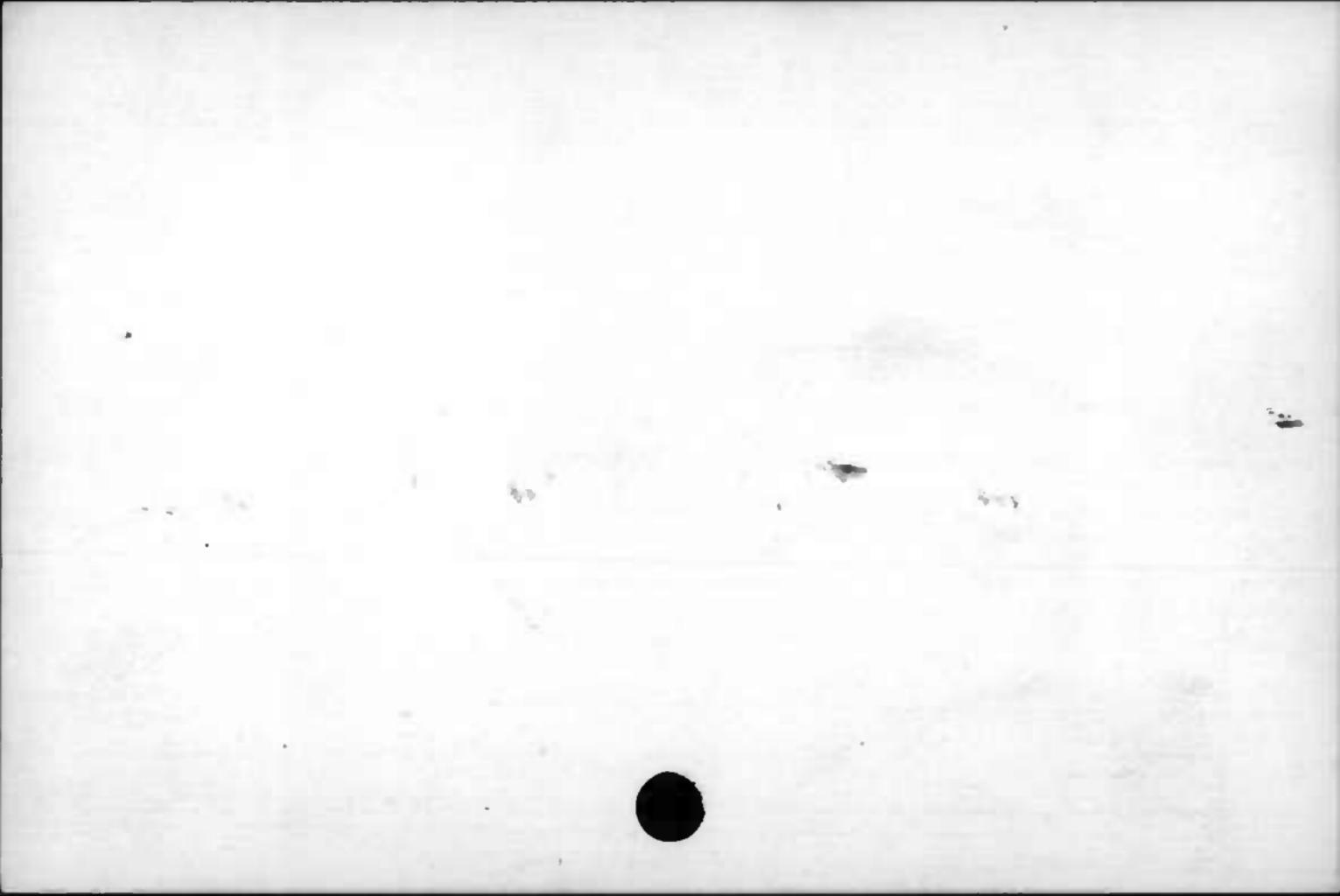
Signature of Physician

Address

W. William M. Savage

Accident or Suicide?

Md



Name
in
Full

William Shipley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Hollowfield	Howard			
Date of death	1905 October	Day 7	Age 49	Years	Months — Days —
Sex	male	Color or Race	white	Birth-place	Carroll County
Married, Single or Widowed	married	Occupation	laborer		
Name of Wife or Husband	Lizzie Green				
Father's Name		Father's Birthplace			
Mother's Maiden Name	Sarah Fauble	Mother's Birthplace	Tauberbury		
Name of person giving information	Martha Skaff	How related to deceased	Step Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Rail Road Accident



How long

—

Immediate

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Physician

Bernard H. Wallenhorst
acting Coroner
Ellicott City, Md.

Address

Accident or Suicide?



Name
in
Full

Smith Harrison, Nathaniel

CERTIFICATE OF DEATH

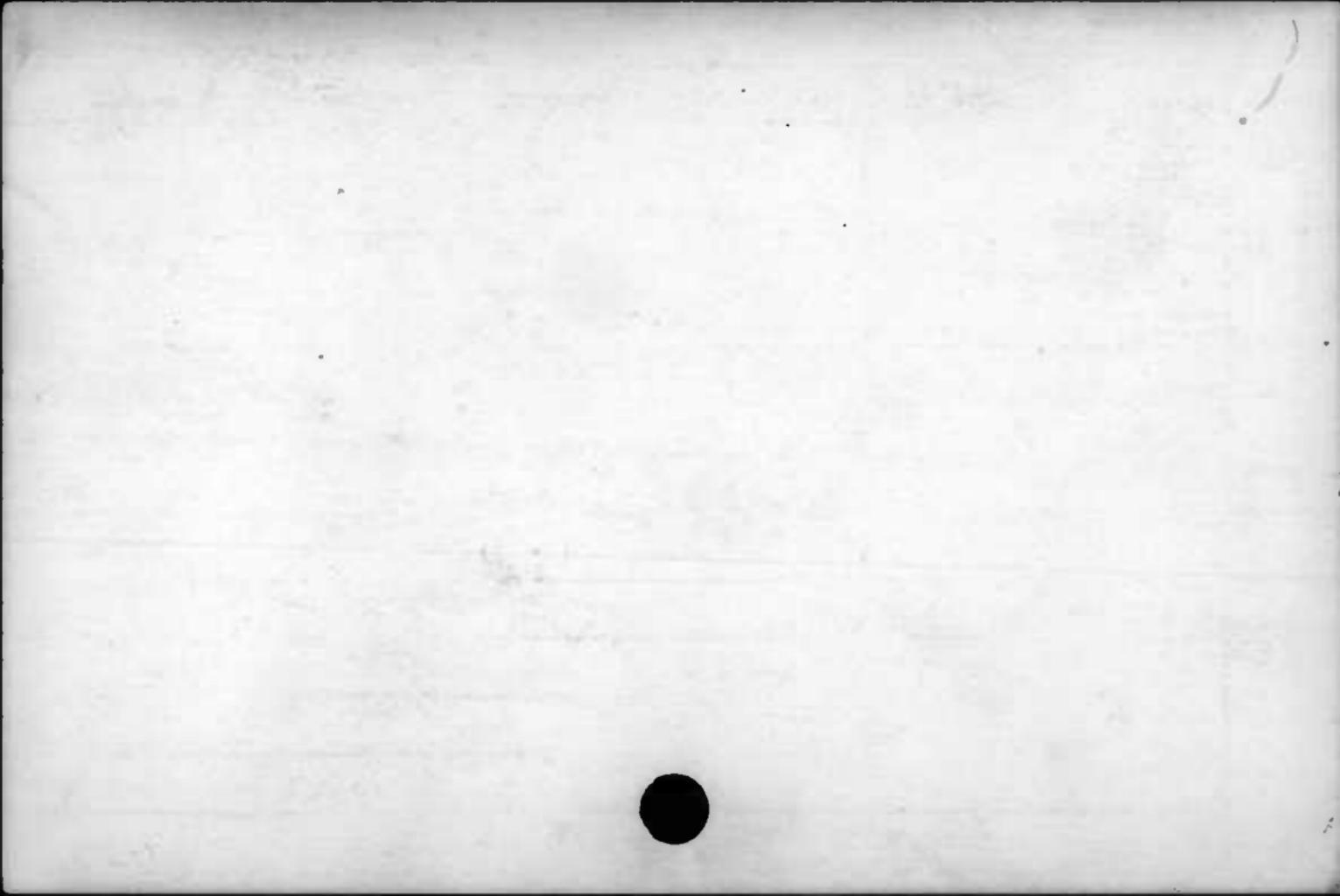
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Lodged		Md-		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Frank Smith	Father's Birthplace		Md-		
Mother's Maiden Name	Flower Ellen Lincoln	Mother's Birthplace		Md-		
Name of person giving Information	Flor Ellen Smith	How related to deceased		Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	93	How long
Immediate	-	93	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address
Accident or Suicide?	Dr Joseph Lucas MD Baltimore, Md		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1905	Month Oct	Day 7	Years 84	Months	Days
Sex	Female	Color or Race	White			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband	Dayton			
Father's Name	William Carr					
Mother's Maiden Name	Ellen	Carr	Md			
Name of person giving information	Mrs Thos Bergman					
CAUSES OF DEATH						
Primary	Valvular Heart Disease					
Immediate	Hy Prostate Enlargement					
Are the name, age, sex, color, date and place correctly given above?						
Signature of Physician						
Address	1st schools, Dayton Md					

PHYSICIAN
OR CORONER

O

How long

How long

7 days

Signature of Physician

Address

Accident or Suicide?



annie E. Williams

Town

Glenwood

County

Howard Co

Died at

MARYLAND

Date 1905

Month Day

oct 12

Y. M. D.

Native of

3-27 Howard Co

Occupation

~~Address~~~~Widow~~ ~~Divorced~~

Female

Colored

Age

Married

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name

John Williams

Mother's

Maiden Name

Anne Powell

Cause of Death

Primary

Dysentery

How long sick

3 month

Immediate

Inanition

Accident, Suicide, Homicide

Reported by

to C. Tumbleman MD.

Address

Oxford Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

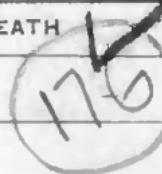
Unknown				CERTIFICATE OF DEATH		
Died at	Town	County		MARYLAND		
Date of death 1905	Month October	Day 6	Years	Months	Days	
Age m						
Sex male	Color or Race White	Occupation	Ellicott City			
Married, Single or Widowed	m	m				
Name of Wife or Husband	m Unknown					
Father's Name	Unknown		Father's Birthplace	m		
Mother's Maiden Name	m		Mother's Birthplace	m		
Name of person giving Information	B. Trallen Kosch (Witness)		How related to deceased	not adult		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Infanticide



How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

W. B. Morris

Address

Ellicott City

Accident or Suicide?

